



Attorney Docket No. 291958123US1
SEMITOOL REF NO. P99-0023US2

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **KYLE M. HANSON ET AL.**
APPLICATION No.: **09/882,309**
FILED: **JUNE 14, 2001**
FOR: **DIFFUSER WITH A SPIRAL OPENING
PATTERN FOR ELECTROPLATING
REACTOR VESSEL**

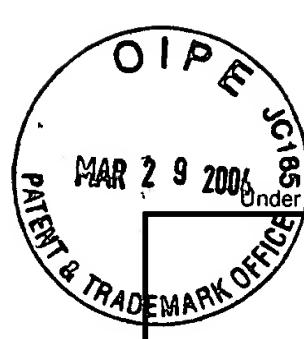
EXAMINER: **KISHOR MAYEKAR**
ART UNIT: **1753**
CONF. No: **7064**

Amendment in Response to Restriction Requirement

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 10, 2004, please amend the application as reflected in the following listing of claims.



3-30-04

Mayekar

1753

PTO/SB/21 (05-03)

Approved for use through 04/30/2004. OMB 0651-00321
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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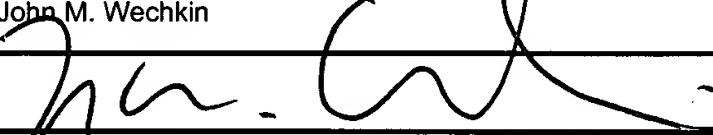
		Application Number	09/882,309
		Filing Date	June 14, 2001
		First Named Inventor	Kyle M. Hanson
		Art Unit	1753
		Examiner Name	Kishor Mayekar
Total Number of Pages in This Submission	9	Attorney Docket Number	291958123US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Postcard
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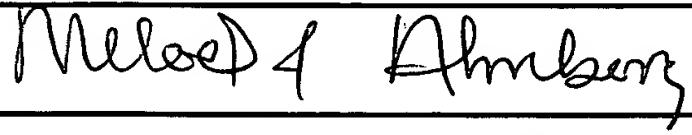
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John M. Wechkin
Signature	
Date	3/29/2004

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Signature		Date	3/24/2004

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